

THIS SPACE FOR OFFICE USE ONLY



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, ASB TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: 587-0460 FAX: 587-0470
 email: ethics@hawaiiethics.org

STATE OF HAWAII
STATE ETHICS COMMISSION

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LINEC**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
ALM	Robert	A.	543-7650
MAILING ADDRESS (Street)			FAX
P. O. Box 2750			543-7652
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96840-0001	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

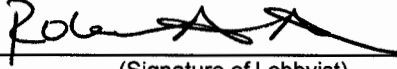
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaiian Electric Company, Inc.			532-5860
MAILING ADDRESS (Street)			FAX
P. O. Box 2750			532-5864
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96840-0001	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Marcia Wright			532-5860
MAILING ADDRESS (Street)			FAX
P. O. Box 2750			532-5864
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96840-0001	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

	Agriculture	Education	Human Services	XX	Science, Technology & Economic Development	
XX	Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs		Tourism & Recreation	
XX	Consumer Protection & Commerce	Hawaiian Affairs	XX	Labor & Employment	XX	Transportation
	Culture, Arts, Historic Preservation	Health	XX	Planning, Land & Water Use Management		Other: (indicate below)
XX	Ecology, Energy Environmental Protection	Housing		Public Safety & Corrections		

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

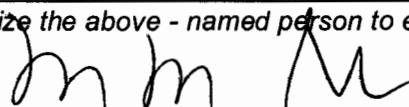


(Signature of Lobbyist)

1/17/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Molly M. Egged		Secretary	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaiian Electric company, Inc.		543-7728	
MAILING ADDRESS (Street)		FAX	
P. O. Box 2750		543-7523	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96840-0001	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		1/31/05	
(Signature of Authorizing Officer or Person Represented)		(Date)	